

SERFF Tracking Number: MGCA-125658347 State: Arkansas  
Filing Company: Mid-West National Life Insurance Company of Tennessee State Tracking Number: 39048  
Company Tracking Number: MW-25907-IP AR 200806 AR MIDWEST 13298  
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)  
Product Name: MW-25907 - Preferred Provider Organization Plan  
Project Name/Number: /

## Filing at a Glance

Company: Mid-West National Life Insurance Company of Tennessee

Product Name: MW-25907 - Preferred Provider SERFF Tr Num: MGCA-125658347 State: ArkansasLH  
Organization Plan

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed

State Tr Num: 39048

Sub-TOI: H16I.005A Individual - Preferred  
Provider (PPO)

Co Tr Num: MW-25907-IP AR  
200806 AR MIDWEST 13298

State Status: Withdrawn

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: EDS EDSSupport, Opal  
Autry, Sergei Mordovine, Aliya  
Panjwani, Yan Yuan, Virgil Meier,  
Eliseo Rodriguez, Charles  
Schneeberger, Miranda Ross,  
Joanna Gulling, Liz Hart, Trent  
Bridges

Disposition Date: 07/03/2008

Date Submitted: 05/20/2008

Disposition Status: Withdrawn

Implementation Date Requested: 06/01/2008

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 9%

Group Market Type:

Filing Status Changed: 07/03/2008

Deemer Date:

State Status Changed: 07/03/2008

Corresponding Filing Tracking Number:

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#### Filing Description:

We are requesting a rate increase of 9% for plan codes ANAP31B, ANAP34B, LNAP30B, LNAP32B, LNAP33B, and LNAP54B. All other plan codes will not receive an increase. This increase is to account for trend and nationwide experience. We are now moving to periodic rate increases. After this increase we are going to increase this form 7% for trend every 6 months, checking experience yearly, to make sure that the increase is appropriate. If the increase varies from the one listed, a separate rate filing will be submitted to your state.

## Company and Contact

#### Filing Contact Information

Jackie Horstmann, jackie.horstmann@healthmarkets.com  
Healthmarkets (817) 255-5377 [Phone]  
North Richland Hills, TX 76180 (817) 255-8274[FAX]

#### Filing Company Information

Mid-West National Life Insurance Company of Tennessee CoCode: 66087 State of Domicile: Texas  
9151 Boulevard 26 Group Code: 264 Company Type:  
North Richland Hills, TX 76180 Group Name: State ID Number:  
(817) 255-3100 ext. [Phone] FEIN Number: 62-0724538  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

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## Correspondence Summary

### Dispositions

Status	Created By			Created On	Date Submitted	
Withdrawn	Rosalind Minor			07/03/2008	07/03/2008	
Objection Letters and Response Letters						
Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Rosalind Minor	06/03/2008	06/03/2008	Sergei Mordovine	07/03/2008	07/03/2008
Industry						
Response						

SERFF Tracking Number:	MGCA-125658347	State:	Arkansas
Filing Company:	Mid-West National Life Insurance Company of Tennessee	State Tracking Number:	39048
Company Tracking Number:	MW-25907-IP AR 200806 AR MIDWEST 13298		
TOI:	H161 Individual Health - Major Medical	Sub-TOI:	H161.005A Individual - Preferred Provider (PPO)
Product Name:	MW-25907 - Preferred Provider Organization Plan		
Project Name/Number:	/		

## Disposition

Disposition Date: 07/03/2008

Implementation Date:

Status: Withdrawn

Comment: This filing is being withdrawn as per your instruction of 7/3/08.

Rate data does NOT apply to filing.

SERFF Tracking Number: MGCA-125658347 State: Arkansas

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TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: MW-25907 - Preferred Provider Organization Plan

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Withdrawn	No
Supporting Document	Supporting Documentation	Withdrawn	No
Rate	MW-25907 Rate Page	Withdrawn	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/03/2008  
Submitted Date 06/03/2008  
Respond By Date  
Dear Jackie Horstmann,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: The actuarial memorandum states that after this increase, you are going to increase this form 7% for trend every 6 months.

Arkansas does not allow automatic trend increase and we do not allow more than one increase during a twelve (12) month period. The increase is based on experience only.

Please send an amended actuarial memorandum deleting the language on 7% trend every 6 months, that you are now moving to periodic rate increase and the rate increase will be effective for renewal business on the next semi-annual anniversary on or after 6/1/08.

Please provide the number of insureds in Arkansas.

It would be appreciated if you would explain how the Plan Codes are determined. Usually a company requests an increase for the policy form as a whole and does not break it down into plan codes, etc.

### Objection 2

- Supporting Documentation (Supporting Document)

Comment: The rate history of the plan codes indicate that a rate increase was given more frequently than once during a twelve month period. Was this approved by our Department? In my approval letter, I write that the increase is approved based on the following conditions: 1. Rate increase will not be given prior to the first annual anniversary of any policy and 2. After the first annual anniversary date of any policy, increase will not be given more frequently than once in a twelve (12) month period and 3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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### Objection 3

- Supporting Documentation (Supporting Document)

Comment: The experience must be submitted on a calendar year basis. Please amend the Arkansas and Nationwide experience to reflect the calendar year experience. Refer to Bulletin 4-79(e).

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/03/2008
Submitted Date	07/03/2008

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: Dear Rosalind Minor,

While gathering data to respond to the objections, our records showed that we have 0 people in force in AR for this rate increase. Therefore, this filing is unnecessary and we ask you to withdraw it.

Thank you for your time and patience.

Sergei Mordovine.

### Related Objection 1

Applies To:

- Supporting Documentation (Supporting Document)

Comment:

The rate history of the plan codes indicate that a rate increase was given more frequently than once during a twelve month period. Was this approved by our Department? In my approval letter, I write that the increase is approved based on the following conditions: 1. Rate increase will not be given prior to the first annual anniversary

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### **Related Objection 2**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

The actuarial memorandum states that after this increase, you are going to increase this form 7% for trend every 6 months.

Arkansas does not allow automatic trend increase and we do not allow more than one increase during a twelve (12) month period. The increase is based on experience only.

Please send an amended actuarial memorandum deleting the language on 7% trend every 6 months, that you are now moving to periodic rate increase and the rate increase will be effective for renewal business on the next semi-annual anniversary on or after 6/1/08.

Please provide the number of insureds in Arkansas.

It would be appreciated if you would explain how the Plan Codes are determined. Usually a company requests an increase for the policy form as a whole and does not break it down into plan codes, etc.

### **Related Objection 3**

Applies To:

- Supporting Documentation (Supporting Document)

Comment:

The experience must be submitted on a calendar year basis. Please amend the Arkansas and Nationwide experience to reflect the calendar year experience. Refer to Bulletin 4-79(e).

### **Changed Items:**

No Supporting Documents changed.



State: *Arkansas*

State Tracking Number: 39048

*Sub-TOI: H16L005A Individual - Preferred Provider (PPO)*

*Plan*

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